



CT 4A-2
State Form 46861
(R/ 6-02)
Registration No. _____

25's CIGARETTE TAX STAMP ORDER

Mail to:
Indiana Department of Revenue
P.O. Box 901
Indianapolis, Indiana 46206-0901

Entry No. _____

Date _____

Quantity	Description	Price/Roll	Amount
10 Stamps Per Row	7200T 69.375¢ Stamps, 25 Cigarettes Serial Nos. <input type="text"/>	\$4995.00	\$ _____
12 Stamps Per Row	7200M 69.375¢ Stamps, 25 Cigarettes Serial Nos. <input type="text"/>	\$4995.00	\$ _____
Total			\$ _____
Discount-1.2%			\$ _____
Net Amount			\$ _____
Postage			\$ _____
Total Amount			\$ _____

Enclosed Please Find Our Remittance
Payable to: Indiana Department of Revenue

OR

As a Distributor Bonded for Payment
of this Tax, Charge our Account.

(Check Applicable Box)

Send both copies -- Yellow Copy returned with order

Firm Name (Printed or Typed)

Street and No.

City

State

Zip

By _____
Authorized Agent & Title